CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

FORM 700 STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only
MAR 0 9 2010

COVER PAGE

Please type or print in ink.

2010 MAR 15 AM 8: 15 A Public Document

MAR 09	2010
JULIE BUSTA LASSEŅ ÇOUN	
sec.	Deputy

NAME (LAST)	(FIRST)	(MIDDL	E)	DAYTIME TELEPHONE NUMBER
HANKON	JOHN	ERIL	Je	
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
(Business Address Acceptable)				
			<u>.</u>	
1. Office, Agency, or Court		4. Schedul	e Summa	УЬ
Name of Office, Agency, or Court:	***************************************	► Total numbe		'/
LASSEN (DUNTY		including th	is cover pag	e:
Division, Board, District, if applicable:		► Check applic	cable schedu	les or "No reportable
BOARD OF SUPE	RV130RS		sed interests	on one or more of the
Your Position:		attached sch		
SUPERVISON, D.	ST. 0	Schedule A-	1	schedule attached
If filing for multiple positions, list as position(s): (Attach a separate si		investments (L	ess than 10% Own	ership)
, , , ,		Schedule A-2		chedule attached
Agency:		Investments (1	0% or Greater Own	
Position:		Schedule B Real Property	_	chedule attached
T OSIGOTI.	•		_/	
2. Jurisdiction of Office (Chi	and and found and house	Schedule C Income, Loans		chedule attached ositions (Income Other than Gifts
State	eck at least one box)	and Travel Payme		
Decounty of ASSEN		Schedule D		chedule attached
		Income — Giffs	` /	
City of	ļ.	Schedule E	✓ Yes – s – Travel Paym	chedule attached
Multi-County		mconie - dins	·	
Other			-or-	•
2 Tune of Statement (o)		No reporta	able interests	on any schedule
3. Type of Statement (Check	· ·			
Assuming Office/Initial Date:		5. Verification	n	
Annual: The period covered is Ja through December 31, 2009.	nuary 1, 2009,			diligence in preparing this
-Of-		statement. I ha	ve reviewed t	his statement and to the best
O The period covered is/	/, th rough	attached schedu		on contained herein and in any did complete.
December 31, 2009.		Leartify under n	enalty of neric	ry under the laws of the State
Leaving Office Date Left:/_				ing is true and correct.
(Check one)	4 0000 # ! #		Μ	
O The period covered is January date of leaving office.	1, 2009, through the	Date Signed	l'Ae	CU 8 2010
-or-		Date Oighta		
O The period covered is/	/, through	Signature		
the date of leaving office.		Signature -	the onginally sign	ed statement with your nings onloan,
Candidate Election Year.			<u> </u>	5000 Fe 700 (2000)2010)

FPPC Form 700 (2009/2010)
FPPC Toli-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

JACK HANSON DISTRICT 5 SUPERVISOR

LONG VALLEY GROUND WATER MANAGEMENT DISTRICT
LASSEN COUNTY TRANSPORTATION COMMISSION
LAW LIBRARY BOARD OF TRUSTEES
TALL WHITETOP CONTROL FUNDING COMMITTEE
PSA II
AIRPORT LAND USE COMMISSION
LASSEN REGIONAL SOLID WASTE MANAGEMENT AUTHORITY
LASSEN COUNTY AIR POLLUTION CONTROL GOVERNING BOARD
LASSEN TRANSIT SERVICE AGENCY

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

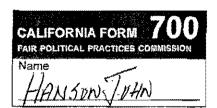
	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
HAX	USON, JOHN

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
MACHINELY	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Slock Other (Describe)	Slock Other (Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome of \$0 - \$500 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICAPIE NO DATE:	IF APPLICABLE, LIST DATE:
1 1 1 09 11 13 109	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY EQUIPMENT FINANCE	}
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000\$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Slock Other (Describe)
Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schedule C)	Partnership Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: /	IF APPLICABLE, LIST DATE:
6,1,09 6,3,09	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Dia Corp.	GENERAL DESCRIPTION OF BOOKESO ACTIVITY
HAKICULTURAZ CENDING	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000 \$100,000
NATUBÉ OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Slock Other
(Describe) Partnership Income of \$0 - \$500	(Describe) Partnership O Income of \$0 - \$500
☐ Income Received of \$500 or More (Report on Schedule C)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
'	<u>'</u>

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
WILLIAM CREEK KANCH	
490-800 HORSE LANE CO SUSANVILLE	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY FACHING WIZSTOW	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$19,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,601 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Pennership Cther	Sole Proprietorship Partnership Cother .
YOUR BUSINESS POSITION DWNRA	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499
S500 - \$1,000 POVER \$100,000	\$500 - \$1,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (result a separate shirt if incomes)	INCOME OF \$10,000 OR MORE jattach a separate sheet a necessary)
HARRIS KONCH FAC HEEDING, TIME	-
◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box;
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
WINLOW CREEK RANCH	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Pagazini / 1 colored	1
PARMING LIVESTOCK	Description of Durings Labith or
City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other Other	Leasehold Other Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
490-800 HORSELAKERD.	
DUSAWVILLE	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of Income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
WILLIAM TO THE RESIDENCE OF THE STATE OF THE	
You are not required to report loans from commercial	lending institutions made in the lender's regular course
of business on terms available to members of the pub and loans received not in a lender's regular course of	
of business on terms available to members of the pub and loans received not in a lender's regular course of NAME OF LENDER*	olic without regard to your official status. Personal loans business must be disclosed as follows:
of business on terms available to members of the pub and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable)	olic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER*
of business on terms available to members of the public and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	olic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the published loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	olic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the public and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Dic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the public and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Dic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) "Mone
of business on terms available to members of the public and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Dic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)

SCHEDULE C Income, Loans, & Business Positions

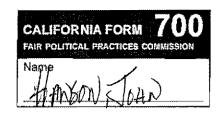
(Other than Gifts and Travel Payments)

CALIFORNIA FO	ORM 700 TICES COMMISSION
Name HANSON	JAIN

► 1. INCOME RECEIVED	► 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
490-800 HOUSE LAKE KD SUSANVILLE BUSINESS ACTIVITY, IF ANY, OF SOURCE	RANCHO CORDOVA GALIF BUSINESS ACTIVITY, IF ANY, OF SOURCE
FARMING LIVESTOCK	ABRICHTURAL LENDING
YOUR BUSINESS POSITION ()U)U)EQ	YOUR BUSINESS POSITION 1) 10 FCTOR
GROSS INCOME RECEIVED \$500 - \$1,000	GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Property, car, boot etc.)	Sale of (Property, car, boet, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, its each source of \$10,000 or more
Contribution C Trental Invalues last parts contra to \$10,000 of 1008	Commenced in Lettin modifier his swar and consistence of sizyand or sund

Other (Cestribe)	Other
► 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	
You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to you not in a lender's regular course of business must be d	our official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
AODRESS (Business Address Acceptable)	%
, and a second s	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street actiness
\$500 - \$1,000	City
\$1,001 - \$10,000	,
S10,001 - \$100,000	Guarantor
OVER \$100,000	Other (Describe)
	(Describe)
Community	
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE TO I STATTELLY FLICK (REBIT WRF	► NAME OF SOURCE
ADDRESS (Business Address Acceptable) 2880 SUNRISE BWD	ADORESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE,	BUSINESS ACTIVITY, IF ANY, OF SOURCE
HGRICULTURAL LENDING	
OATE(S): // // _ AMT: \$	OATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: TRAVEL (FIMBURS EMEAT	OESCRIPTION:
NATIONAL LIVESTON PRODUCTIONS ASSO	► NAME OF SOURCE
AOORESS (Business Address Acceptable) 13570 WEADOWARAS DE	AOORESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE LIVESTULL MARKETING LENDING	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	OATE(\$): / / - / AMT: \$
(If applicable)	(If applicable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: RAVEL KEIMBURGEMENT	GESCRIPTION:
Comments:	